

105TH CONGRESS
1ST SESSION

H. R. 1077

To stay implementation of the plan for allocation of health care resources of the Department of Veterans Affairs until the Secretary of Veterans Affairs certifies that the Secretary, in developing such plan, took into account certain medical and nonmedical factors of veterans residing within each region to be served by a Veterans Integrated Services Network.

IN THE HOUSE OF REPRESENTATIVES

MARCH 13, 1997

Mr. QUINN (for himself, Mr. ACKERMAN, Mr. GILMAN, Mr. MANTON, Mr. BOEHLERT, Mr. SOLOMON, Mr. FORBES, Mr. KING, Mr. McHUGH, Mr. PAXON, Mr. WALSH, Mrs. MALONEY of New York, Mr. RANGEL, Mr. SCHUMER, Mrs. KELLY, Mr. LAZIO of New York, Mr. TOWNS, Ms. SLAUGHTER, Mr. ENGEL, Mr. LaFALCE, Mrs. LOWEY, Mr. McNULTY, Mr. FLAKE, Mr. NADLER, and Mr. HOUGHTON) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To stay implementation of the plan for allocation of health care resources of the Department of Veterans Affairs until the Secretary of Veterans Affairs certifies that the Secretary, in developing such plan, took into account certain medical and nonmedical factors of veterans residing within each region to be served by a Veterans Integrated Services Network.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. CERTIFICATION THAT PLAN FOR ALLOCATION**
2 **OF VETERANS HEALTH CARE RESOURCES**
3 **CONSIDERED CERTAIN MEDICAL AND NON-**
4 **MEDICAL FACTORS.**

5 (a) CERTIFICATION REQUIRED.—The plan for alloca-
6 tion of health care resources of the Department of Veter-
7 ans Affairs submitted to Congress under subsection (c) of
8 section 429 of the Departments of Veterans Affairs and
9 Housing and Urban Development, and Independent Agen-
10 cies Appropriations Act, 1997 (110 Stat. 2929) may not
11 be implemented until after the Secretary of Veterans Af-
12 fairs certifies to the Congress that the Secretary, in devel-
13 oping such plan, took into account the medical-related fac-
14 tors described in subsection (b) and the nonmedical fac-
15 tors described in subsection (c). Such certification shall
16 be accompanied by the data the Secretary used in consid-
17 ering such factors.

18 (b) MEDICAL-RELATED FACTORS.—The medical-re-
19 lated factors described in this subsection are the following:

20 (1) The medical condition of veterans residing
21 within each region served by a Veterans Integrated
22 Services Network.

23 (2) The cost for each Veterans Integrated Serv-
24 ices Network to meet the specialized medical needs

1 for veterans suffering from catastrophic injury, dis-
2 ease, or illness, including spinal cord dysfunction,
3 amputation, blindness, and mental illness.

4 (3) The cost for each Veterans Integrated Serv-
5 ices Network to meet the rehabilitative needs of vet-
6 erans suffering from such catastrophic injury, dis-
7 ease, or illness.

8 (4) The cost for each Veterans Integrated Serv-
9 ices Network to provide medical support services, in-
10 cluding prosthetics, pharmaceutical supplies, social
11 services, and medical transportation to and from
12 Veterans Integrated Services Network medical facili-
13 ties.

14 (5) The cost for Veterans Integrated Services
15 Network facilities to provide for the treatment and
16 care of those members of the veterans population
17 suffering from substance abuse, psychological prob-
18 lems, or AIDS.

19 (c) NONMEDICAL FACTORS.—The nonmedical factors
20 described in this subsection are the following:

21 (1) The expected reliance of veterans on De-
22 partment of Veterans Affairs health care facilities
23 for medical care as a result of—

1 (A) the cost of living for veterans residing
2 in the region served by each Veterans Inte-
3 grated Services Network; and

4 (B) the size of the population of veterans
5 in each such region who are impoverished.

6 (2) The size of the population of homeless vet-
7 erans in each such region and the wider array of dis-
8 ease and illness due to the hardships and lack of hy-
9 giene from which the homeless suffer.

10 (3) The age of the veterans population residing
11 in each such region and the costs associated with
12 long-term care necessary to meet the needs of the
13 aging veterans population.

14 (4) The age and type of infrastructure used by
15 Department of Veterans Affairs medical facilities,
16 including the cost of operating, maintaining, repair-
17 ing, and remodeling such facilities and the costs as-
18 sociated with adverse weather conditions, such as
19 snow removal, in regions in which such facilities are
20 located.

1 (d) VETERANS INTEGRATED SERVICES NETWORK
2 DEFINED.—For purposes of this section, the term “Veter-
3 ans Integrated Services Network” means the network de-
4 veloped by the Department of Veterans Affairs to provide
5 for the health care of veterans.

